

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
**SAMII PAYMENT REQUEST FORM**

*Mail to:*  
 DFAS Accounts Payable (A/P)  
 P.O. Box 1643  
 Jefferson City, MO 65102-1643

**DFAS USE ONLY**

EFT \_\_\_\_\_ PAPER \_\_\_\_\_ VENDOR#:

**\*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/ [REDACTED]
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**CODING INFORMATION:**

ORGANIZATION CODE(S) TO BE CHARGED:	3155
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**DESCRIPTION OF CODING OR FUNDING SOURCE** (*Indicate the exact words from coding sheet:*)

ALTERNATIVES TO ABORTION

GR 100% 0101 886 3155 2955 1536 Q221

**SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE**

May 2018 Payment

**DFAS USE ONLY--DO NOT WRITE/MARK BELOW**

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL: